CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

Candidate

Election Year: _

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
ESGATE,	KAIRA		(916) 323-7646
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
1110 K Street	Sacramento	CA 95812	
1. Office, Agency, or Court		4. Schedule Summary	
Name of Office, Agency, or Court:		➤ Total number of pages including this cover page:	
Office of Planning and Research			
Division, Board, District, if applicable:		► Check applicable schedules or "No reportable interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules:	
Assistant to Governor		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)	
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)			
Agency:		Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)	
Position:		Schedule B Yes - Real Property	schedule attached
		Schedule C Yes – schedule attached	
2. Jurisdiction of Office (Check at least one box)		Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
State		Schedule D Yes -	schedule attached
County of		Income – Gifts	
☐ City of		Schedule E Yes -	schedule attached
Multi-County		Income - Gifts - Travel Payments	
☐ Other		-or-	
		No reportable interests on any schedule	
3. Type of Statement (ch	eck at least one box)		
☐ Assuming Office/Initial D	ate:/	5. Verification	
Annual: The period covered is January 1, 2008, through December 31, 2008.		I have used all reasonab	le diligence in preparing this
-or-		statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed	
O The period covered is/, through December 31, 2008.			
Leaving Office Date Left:/(Check one)			
O The period covered is January 1, 2008, through the date of leaving office.			
-or-		1/	n /
O The period covered is/, through the date of leaving office.		Signature (File the originally s	igned statement with your filing official.)